

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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EDITOR

Problems In Venereal Disease Control

By WALTER M. DICKIE, M.D., Director, California State Department of Public Health

Effective control of venereal diseases constitutes one of the most difficult problems in public health administration. There are many reasons for such difficulties, chief of which may be stated as the false attitude of the general public and the form of general government in this country which does not permit of compulsory treatment in all infective cases of such diseases. Under a democratic form of government, individual liberty is regarded as an essential, although, to be sure, if such liberty involves the rights of others the laws provide for proper restraint. In the control of venereal diseases, the problem lies in finding cases that may be in a stage of infectivity and in exercising definite and direct control over such cases. The termination of the infective stage depends upon the provision of adequate treatment, not upon the exercise or duration of quarantine. For these reasons, it would seem that the two most important attributes in the control of syphilis lie in (1) efforts to correct the false attitude of the general public and (2) in the provision of every possible facility by which treatment may become readily available.

Syphilis from the standpoint of public health should be regarded exactly the same as any other acute communicable disease. The chief handicap to the control of syphilis in the past lies in the efforts

that have been made to place the disease in a separate class from other communicable diseases. Because it develops into a slow chronic form extending over a long period of time in which it is not dangerous to others, there is a tendency to regard the disease from its social rather than from its public health aspects. It has a definite period of incubation, eruption, and subsidence. Perhaps its insidious nature is responsible for the general tendency to overlook the fact that it is a communicable disease subject to the same natural laws and controllable by definite scientific procedures the same as many other infectious diseases. If the general public were able to overlook the matter of sex as related to syphilis and were to regard it primarily as a public health problem, far greater progress could be made in its control.

It is true that prostitution, both commercial and clandestine, is responsible for the transmission of most cases of syphilis that occur. The enforcement of laws against prostitution, however, is more difficult than the enforcement of the laws against the consumption of alcoholic beverages. This has always been true and will continue in the future as it has in the past, or until such time as an Utopian form of government may develop. It is recognized that a very large number of cases of this disease are contracted innocently and that syphilis occurs in all

classes of society; the fact remains, nevertheless, that the chief source is found in prostitution.

It is not unfair to compare the control of syphilis with the control of tuberculosis; both diseases are rooted in faulty social conditions. In tuberculosis, however, these conditions have been eliminated largely and it is not an exaggeration to state that tuberculosis today constitutes a medical problem to a far greater extent than it constitutes a social problem. Long hours of labor, bad housing conditions, lack of recreation, malnutrition and lack of food have been lessened to a remarkable degree. The reduction in the morbidity and mortality rates for tuberculosis constitutes a reliable index to the definite results that have been obtained through improved social conditions and the better care and treatment of patients together with general progress in the development of community hygiene. If the comparable faulty social factors that have to do with syphilis were to be eliminated in the same degree that the faulty social factors associated with tuberculosis have been eliminated, the incidence of syphilis would be decreased greatly.

Our problem in public health, however, lies in the provision of an effective attack upon this disease from the standpoint of public health. The correction of social conditions belongs to a large group of officials who are not public health workers. There is ample legislation to correct the social structure that is responsible to a large extent for the prevalence of syphilis. Just so long as prostitution flourishes, syphilis will flourish. If the disease were controlled at this great source, its spread into other classes of society would be reduced greatly. Public health workers, however, must confine their activities toward the control of syphilis as a communicable disease. They must forget the sex angles that may be involved, they must overlook the foibles of human nature, they must disregard all prejudices, they must tolerate ignorance, perversity and resistance against governmental regulation. They are handicapped in the maze of difficulties that arise on every side. Nevertheless, it is possible to make a certain amount of progress in the prevention and control of this disastrous disease. In the first place, our form of government prohibits restriction upon the personal liberties of the individual unless those of his fellow citizens are involved. For this reason, public health administrators have control only over cases of syphilis that may be in infective stages. A citizen may be arrested for a violation of the Penal Code and if found diseased, he may be kept in quarantine until he may no longer be a menace to the public

health and health officers have ample authority to quarantine any active case of syphilis that may be discovered. Public opinion, however, up to the present time has not permitted the exercise of this power in all cases. We may have the most rigid public health laws and the most competent health officers but unless supported by public opinion they are of little or no value. This has been demonstrated indisputably in the control of all communicable diseases, throughout the last quarter of a century.

Of first importance in an effort to change the attitude of the general public toward the control of syphilis is the need for dragging the disease out into the open, eliminating all secrecy related to it and providing measures for administrative control that may be comparable to those applied to other infectious diseases. If cases were reported with full information relating to source of infection so as to provide the application of modern epidemiological methods, tremendous progress might be made in the control of this disease. Within our memory, cases of tuberculosis were not reported because of the shame with which the disease was regarded. It is difficult to believe that twenty-five years ago this attitude prevailed. It should be understood that this is not a desire to stigmatize the patient but it is desired to obtain the essential data that may provide for epidemiological investigations leading to the control of sources and the prevention of the spread of the disease. Until such time as these epidemiological factors become available, health officers everywhere are handicapped in their efforts to prevent such spread. It would seem that all social welfare organizations may well concentrate their efforts to overcome the false attitude of the public.

Methods of control are well known and proven; funds are available for the provision of treatment to all who may need such treatment, the medical profession and public health officers are ready and willing to exert every effort to bring syphilis under control. As is the case with so many of the communicable diseases, the information essential for control is available but the general public is not ready to accept the applications of the scientific measures that are available. Whenever the public will permit syphilis to be brought out into the open and fought exactly the same as tuberculosis has been fought and with such successful results, the tremendous damage done by this disease will be reduced, laws for the correction of faulty social conditions will be enforced, countless numbers of human lives will be saved and untold suffering will be prevented.

SUMMER ROUND-UP ANNOUNCED

The California Congress of Parents and Teachers has announced its annual Summer Round-Up for the physical examination of children who will enter school for the first time next fall. Mrs. J. F. Hoadley of Perris is chairman of the summer round-up committee. At Mrs. Hoadley's request, the following summary of information pertaining to the round-up is provided for the special benefit of public health nurses:

1. The Summer Round-Up of the Children is a National campaign to send to the *entering grade of school* a class of children free from all remediable defects.
2. Local Parent Teacher Associations may register for the Round-Up any time after January first.
3. The local association registers with the district chairman who then sends the required number of examination blanks.
4. The Summer Round-Up should be held in the spring, so that corrective work may be done in the summer.
5. Health examinations may be made by local or family doctors, or by city or county officials.
6. A follow-up campaign is necessary in the summer to assist in having the defects remedied.
7. Remediable work may be financed by parents, or by service organizations.
8. A fall check-up should be made to determine what has been accomplished.
9. A report is made by the local Summer Round-Up chairman to the National Office by November first.
10. The assistance of health nurses is welcomed and appreciated.

EXAMINATION FOR PUBLIC HEALTH NURSE

The State Personnel Board has announced an examination for public health nurse to be held in San Francisco, Los Angeles, Sacramento and San Diego, April 24, 1937. The last date for filing applications is April 17, 1937.

The purpose of the examination is to obtain eligibles to certify to positions in the State Department of Public Health now filled by temporary employees and to establish an eligible list. The age limits are 21 to 40 years. Applicants must possess valid certificates as registered nurse and public health nurse in California and must have had one year of supervised experience in public health nursing for a recognized agency or some other equivalent combination of education and similar experience. Detailed

information relative to other requirements together with application forms may be obtained from the State Personnel Board, Library and Courts Building, Sacramento.

DISEASES REPORTABLE IN CALIFORNIA**REPORTABLE ONLY**

ANTHRAX	MALARIA*
BERIBERI	PELLAGRA
BOTULISM	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANULOMA	RELAPSING FEVER
DENGUE*	ROCKY MOUNTAIN SPOTTED FEVER
FLUKE INFECTION	SEPTIC SORE THROAT
FOOD POISONING	TETANUS
GLANDERS***	TRICHINOSIS
HOOKWORM	TULAREMIA
JAUNDICE (Infectious)	UNDULANT FEVER

ISOLATION OF PATIENT

CHICKENPOX**	OPHTHALMIA NEONATORUM
DYSENTERY (Amoebic)	PSITTACOSIS
DYSENTERY (Bacillary)	RABIES (Animal)**
ERYSIPELAS	RABIES (Human)
GERMAN MEASLES**	SYPHILIS
GONOCOCCUS INFECTION	TRACHOMA
INFLUENZA	TUBERCULOSIS
MEASLES**	WHOOPING COUGH**
MUMPS**	

QUARANTINABLE

CHOLERA***	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID AND PARATYPHOID FEVER
LEPROSY	TYPHUS FEVER
MENINGITIS (Epidemic)	YELLOW FEVER***
PLAGUE***	
ACUTE ANTERIOR POLIOMYELITIS	

* Patients should be kept in mosquito-free room.

** Nonimmune contacts isolated also.

*** Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

We shall some day gain a wider view of education, seeing it, not merely as a preliminary to what grown folk do in the world, but also as a vital process, now in one form, now in another, needed by every member of society, young or old, as long as he continues to live; seeing how it develops a man in his early years, enriches him in his prime, and supports him in his age; seeing how it builds a well-ordered state and brings civilization to flower. We shall then discover the causes of a former confusion: how our present defects politically, our difficulties socially, and our shortcomings culturally often resulted from educational processes either arrested or poorly planned. We shall then discern ways of making more of our endowments: how no human being ever mounted to his final highest level without the aid of continual training. For, as is clear even now, the men and women of our race who by common consent have merited the appellation of greatness, never ceased while they lived to labor for their own growth.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
March 27, 1937

Chickenpox

948 cases: Alameda County 7, Alameda 16, Albany 3, Berkeley 11, Hayward 2, Oakland 16, San Leandro 1, Chico 13, Fresno County 14, Fresno 5, Reedley 2, Sanger 6, Imperial 4, Kern County 5, Los Angeles County 65, Alhambra 3, Burbank 3, Claremont 1, Compton 1, Culver City 5, Glendale 8, Hermosa 3, Huntington Park 5, Long Beach 22, Los Angeles 109, Manhattan 1, Montebello 1, Pasadena 33, Pomona 6, Redondo 2, San Fernando 5, San Gabriel 2, Santa Monica 3, Sierra Madre 4, South Pasadena 1, Whittier 1, Lynwood 7, Hawthorne 3, South Gate 2, Signal Hill 4, Maywood 1, Gardena 3, Madera County 1, Mill Valley 4, Merced County 1, Los Banos 2, Napa County 2, Napa 2, Orange County 5, Anaheim 2, Fullerton 3, Santa Ana 4, Riverside County 8, Beaumont 1, Corona 14, Riverside 6, Sacramento County 45, Sacramento 33, San Bernardino County 1, Redlands 1, San Bernardino 5, San Diego County 19, Coronado 2, La Mesa 14, National City 7, San Diego 80, San Francisco 158, San Joaquin County 6, Lodi 3, Stockton 14, Tracy 15, San Luis Obispo 2, San Mateo County 1, Burlingame 3, Redwood City 3, Santa Barbara County 4, Santa Barbara 6, Santa Maria 1, Santa Clara County 10, Gilroy 3, San Jose 3, Watsonville 6, Shasta County 1, Stanislaus County 19, Oakdale 2, Tulare County 4, Ventura County 11, Fillmore 1, Yolo County 1.

Diphtheria

22 cases: Kern County 1, Bakersfield 3, Los Angeles County 2, Los Angeles 4, Monterey County 1, Orange County 1, Santa Ana 1, Riverside 1, Sacramento County 2, National City 1, San Diego 1, Santa Barbara 1, Marysville 3.

German Measles

21 cases: Berkeley 1, Oakland 3, Los Angeles County 2, Huntington Park 1, Long Beach 2, Los Angeles 4, Pasadena 2, Whittier 1, San Diego 2, San Francisco 2, Marysville 1.

Influenza

243 cases: Berkeley 3, Oakland 2, Chico 14, Richmond 3, Fresno County 8, Kern County 5, Kings County 24, Lake County 3, Los Angeles County 11, Compton 1, Long Beach 3, Los Angeles 22, San Gabriel 1, Santa Monica 5, Torrance 1, Bell 1, Madera County 3, Los Banos 2, Orange County 5, Anaheim 9, Fullerton 3, Orange 1, Santa Ana 3, Placentia 1, Riverside County 1, San Bernardino County 13, San Diego 1, San Francisco 4, San Luis Obispo County 4, San Jose 1, Sunnyvale 1, Watsonville 6, Stanislaus County 75, Yuba City 1, Tulare County 2.

Malaria

4 cases: Oakland 1, Los Angeles 1, Pasadena 1, San Bernardino 1.

Measles

146 cases: Alameda 1, Berkeley 1, Oakland 1, Fresno County 1, El Centro 5, Los Angeles County 3, Alhambra 1, Glendale 8, Hermosa 1, Long Beach 8, Los Angeles 20, Whittier 1, Hawthorne 1, Belvedere 1, Santa Ana 1, Placer County 39, Auburn 5, Lincoln 7, Riverside County 3, Sacramento County 9, Sacramento 3, North Sacramento 3, San Bernardino 1, San Diego 3, San Francisco 4, San Mateo County 1, San Jose 2, Stanislaus County 1, Sutter County 1, Yuba County 9, Marysville 1.

Mumps

515 cases: Alameda 5, Berkeley 7, Oakland 6, Contra Costa County 2, Pittsburg 2, Richmond 3, Fresno County 14, Fresno 1, Imperial County 2, Kern County 3, Kings County 17, Hanford 7, Lake County 1, Los Angeles County 52, Alhambra 8, Compton 8, Glendale 7, Huntington Park 3, Inglewood 2, Long Beach 2, Los Angeles 42, Pasadena 7, Pomona 1, Redondo 2, Santa Monica 2, South Pasadena 1, Hawthorne 3, Monterey Park 1, Maywood 1, Orange County 7, Fullerton 1, Santa Ana 6, Lincoln 1, Riverside County 18, Beaumont 1, Riverside 17, Sacramento 4, Redlands 1, San Bernardino 6, San Diego County 6, Chula Vista 3, Coronado 3, El Cajon 1, La Mesa 2, San Diego 59, San Francisco 132, San Joaquin County 1, San Luis Obispo County 3, Burlingame 1, Daly City 4, Santa Clara County 4, Mountain View 1, Palo Alto 1, San Jose 2, Shasta County 2, Stanislaus County 4, Sutter County 1, Exeter 1, Lindsay 1, Ventura County 3, Santa Paula 2, Yolo County 1, Winters 1, Woodland 2.

Pneumonia (Lobar)

109 cases: Berkeley 1, Oakland 8, Colusa County 1, Los Angeles County 16, Alhambra 1, Beverly Hills 2, El Monte 1, Glendale 1, La Verne 1, Long Beach 1, Los Angeles 44, Pasadena 3, Redondo 1, Santa Monica 3, Lynwood 1, South Gate 1, Monterey Park 1, Maywood 1, Bell 1, Madera County 1, Orange County 2, Placer County 1, Riverside County 1, Corona 1, Sacramento 7, San Francisco 5, Santa Barbara County 1, Tuolumne County 1.

Scarlet Fever

205 cases: Berkeley 1, Oakland 3, Butte County 4, Chico 7, Colusa County 1, Martinez 1, Pinole 1, Pittsburg 1, Fresno County 7, Fresno 2, Kern County 12, Lassen County 2, Los

Angeles County 11, Alhambra 2, Azusa 1, Beverly Hills 1, Burbank 1, Compton 2, Glendale 5, Huntington Park 2, Inglewood 1, La Verne 1, Long Beach 4, Los Angeles 29, Pasadena 1, Pomona 2, Santa Monica 2, South Gate 2, Monterey Park 1, Mariposa County 1, Merced County 3, Monterey County 1, Napa 1, Fullerton 1, Santa Ana 1, Placer County 1, Lincoln 3, Riverside County 2, Sacramento County 6, Sacramento 10, North Sacramento 2, San Bernardino County 1, Ontario 3, San Bernardino 1, San Diego 2, San Francisco 14, San Joaquin County 2, Paso Robles 1, Burlingame 1, Redwood City 1, Santa Barbara County 1, Lompoc 1, Santa Clara County 2, Palo Alto 2, Sierra County 2, Mount Shasta 1, Fairfield 2, Healdsburg 1, Stanislaus County 4, Turlock 1, Sutter County 1, Tulare County 8, Exeter 2, Lindsay 2, Visalia 1, Ventura County 4, Yolo County 2.

Smallpox

8 cases: Kern County 3, Bakersfield 1, Los Angeles 3, San Diego 1.

Typhoid Fever

No cases reported.

Whooping Cough

564 cases: Alameda County 1, Albany 1, Berkeley 1, Oakland 1, Chico 15, Colusa 2, Fresno County 25, Fresno 12, Sanger 2, Selma 4, Glenn County 4, Imperial County 1, El Centro 1, Imperial 4, Westmoreland 1, Kern County 5, Kings County 11, Hanford 14, Los Angeles County 54, Alhambra 6, Burbank 6, El Monte 6, Glendale 1, Inglewood 1, Long Beach 10, Los Angeles 98, Pasadena 15, Pomona 5, Redondo 3, San Fernando 2, San Marino 2, Santa Monica 3, Sierra Madre 3, Lynwood 1, South Gate 1, Monterey Park 20, Madera County 2, Madera 6, Orange County 8, Anaheim 2, Fullerton 1, Newport Beach 2, Orange 1, Santa Ana 4, Laguna Beach 1, Tustin 1, Auburn 1, Lincoln 7, Plumas County 2, Riverside County 19, Corona 1, Riverside 1, Sacramento 2, San Bernardino 4, San Diego County 15, San Diego 6, San Francisco 34, San Joaquin County 12, Lodi 6, Stockton 1, San Mateo County 4, South San Francisco 7, Santa Barbara County 5, Santa Barbara 5, Santa Clara County 11, Shasta County 2, Stanislaus County 1, Modesto 1, Tehama County 3, Tulare County 16, Lindsay 2, Ventura County 10, Fillmore 3, Yolo County 4, Woodland 6, Marysville 3.

Meningitis (Epidemic)

4 cases: Amador County 1, Butte County 1, Los Angeles 1, Sacramento 1.

Dysentery (Bacillary)

One case: Kern County.

Dysentery (Amoebic)

2 cases: Contra Costa County 1, South San Francisco 1.

Leprosy

One case: Santa Maria.

Ophthalmia Neonatorum

One case: Alhambra.

Pellagra

One case: Riverside County.

Tetanus

2 cases: Los Angeles 1, Tustin 1.

Paratyphoid Fever

One case: Los Angeles.

Jaundice (Epidemic)

3 cases: Kern County 1, San Diego 2.

Food Poisoning

10 cases: Los Angeles County 2, San Francisco 8.

Undulant Fever

One case: San Jose.

Tularemia

2 cases: Bakersfield.

Septic Sore Throat (Epidemic)

2 cases: Kings County 1, Orange County 1.

Rabies (Animal)

52 cases: Firebaugh 1, Fresno 1, Imperial County 1, El Centro 1, Hanford 1, Los Angeles County 10, Alhambra 1, El Segundo 1, Huntington Park 1, Long Beach 2, Los Angeles 22, Monrovia 1, Montebello 1, Lynwood 1, South Gate 1, Seal Beach 2, San Bernardino 2, Stockton 1, San Mateo 1.